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Colorado Medicaid

Dear :

This is my feelings about the medicaid audit. When over 200 pages of audit arrived at my office I first looked at the criteria that they had used for selection these cases for audit. I then contacted the American Podiatry Association coding advisor. I reviewed the utilization with 2 different people and they assured me the coding was correct.

I then called Joan Dembaugh at Colorado Medicaid and had a discussion with her about the fraudulent nature of the criteria of this audit, i.e. the claim that miscoding was inappropriate. This discussion was fruitless in that they advised me that they had no understanding of intricacies of billing, and that I should proceed to answer the audit.

I have been seeing patients for 26 years and had a large geographic practice. Some of the charting requested had been from patients that I had seen 7 years ago in the San Luis Valley. I have not practiced there in years.

When we see patients in nursing homes we have always charted the visits in the nursing homes progress notes or specialist's notes. I have never used a canned note program. These notes were part of the medical record and were not in our possession. At some of the facilities I'm no longer the staff podiatrist. Some of the facilities were antagonistic to our records request. My staff was sent to facilities where they spent multiple hours working in medical records attempting to recover notes. Nursing home charts are purged periodically and records are transferred into patient binders. When patients are deceased their records are gathered and boxed and deposited into storage. At 2 nursing homes my staff ended up working at CONEXEs in fields behind the home, sorting thru boxes of records of long deceased patients. My staff suffered from heat exhaustion and multiple insects bites, as well as being absent for normal office duties. At three nursing homes we were required to bring our own copy machine to the facility, as well as paper. One machine now needs a complete rebuild due to overutilization and dusty copies and working conditions. Gathering these records was a long slow arduous process and a minimum of 2 boxes of copy paper was used. One nursing home wanted \$0.40 a page to copy notes.

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The records were returned in 4 batches for the audit. The first two batch of records were accepted approximately 100% by HWT. When the 3rd batch was sent in approximately 50% of the records were accepted and the other 50% was rejected with no explanation. These records were recopied and submitted to medicaid and were rejected with no explanation. Medicaid then demanding approximately \$13,000.00.

I then examined the medicaid audit and estimated that I had not produced medical records which had an audit value of \$5000.00.

These were records that were:

1. the oldest,
2. or in areas of Colorado that I no longer serviced,
3. or in nursing homes that were antagonistic to our returning and obtaining records,
4. or I judged the cost benefit ratio did not justify the effort.

I was told that medicaid would not accept my offer of \$5,000.00 and I was threatened with immediate further action if I did not accept their demand.

I was informed the reason Medicaid demanded \$13,000.00 is that is what they paid HWT. They had to recover that money even though I provided them with records proving them an additional \$10,000.00 in patient records.

This audit was predicated on a premise that the coding was incorrect and the coded services could not be billed as such. The coding was correct. Each audit had a few items out of thousands that were accidentally billed incorrectly with a few mistakes. These were not contested. My staff drove many miles, worked in miserable conditions, and no evidence of intentional fraud or misconduct was proved. The patients were seen and the billing was done correctly. Paper was wasted and toner flowed by the gallon to no avail.

HWT sold Colorado medicaid a bill of goods and got paid handsomely for a fraudulent audit. We now copy almost ever note from nursing home charts in order to accumulate them for the year 2015. This is a grotesque waste of time, paper and toner and in no way improves the quality of patient care.

Sincerely,

James. C. Dill, DPM